

<b>Case Number:</b>	CM13-0052863		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/23/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female who sustained a work-related injury on January 23, 2007. She subsequently developed chronic neck pain for which she underwent a cervical fusion in 2009. According to a note dated on September 26, 2013, the patient developed severe neck and low back pain. The examination demonstrated the cervical and lumbar tenderness with reduced range of motion. The patient was diagnosed with lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**ONE BOX OF LIDODERM PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not

recommended is not recommended. According to the patient's file, there is no documentation of failure of first line therapies or functional improvement with previous use of Lidoderm. There is no evidence of neuropathic origin of the patient's pain. Therefore the request is not medically necessary

**TRAMADOL CREAM 10% BASE, #60 (APPLY TO THE AFFECTED AREAS TWICE A DAY):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to the patient's file, there is no documentation of failure of first line oral pain medications, or functional improvement with previous use of Tramadol cream. There is no evidence of neuropathic origin of the patient's pain. Therefore the request is not medically necessary.

**EXOTEN-C #113.4 GR (APPLY THREE TIMES A DAY):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to the patient's file, there is no documentation of failure of first line oral pain medications, or functional improvement with previous use of Exoten-C. There is no evidence of neuropathic origin of the patient's pain. Therefore the request is not medically necessary.